

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044673 (9)

1. Corporation Name
COMPLICE VIP CORP.



Principal Place of Business
2050 CORAL WAY, SUITE 601
MIAMI FL 33145

Mailing Address
2050 CORAL WAY, SUITE 601
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 3162 Commodore Plaza	26 P.O. Box 330782		
Suite, Apt. #, etc. 2E		Suite, Apt. #, etc.	
22 City & State MIAMI, FL		27 City & State MIAMI, FL	
23 Zip 33133	25 Country USA	29 Zip 33233	30 Country USA

3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report 03/14/1996
4. FEI Number 65-0498064	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GUGLIOTTA, ANNABELLA
2050 CORAL WAY, SUITE 601
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name Gugliotta, Annabella
82 Street Address (P.O. Box Number is Not Acceptable) 3162 Commodore Plaza
83 Unit 2E
84 City MIAMI FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGLIOTTA, EDMUNDO J	1.2 NAME	
STREET ADDRESS	2050 CORAL WAY, SUITE 601	1.3 STREET ADDRESS	3162 Commodore Plaza #2E
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GUGLIOTTA, MARZIA P	2.2 NAME	
STREET ADDRESS	2050 CORAL WAY, SUITE 601	2.3 STREET ADDRESS	3162 Commodore Plaza #2E
CITY-ST-ZIP	MIAMI FL 33145	2.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)